

ON THE

PREVENTION OF SYPHILIS

IN

THE NAVY.

BY

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ON THE PREVENTION OF SYPHILIS IN THE NAVY.

It is not without diffidence that I venture to submit to the Society some remarks on a subject which has recently attracted an unusual, but not an undue, amount of attention.

The relation which venereal diseases bear, or rather ought to bear, to State medicine, and the extent and nature of State supervision, are questions of increasing importance. They have always excited a strong interest in the minds of medical men, and more especially of those connected with the public service. And to some degree this interest has been shared by many wise and thoughtful men out of the profession. But until lately it has been the custom to suppress the truth, and practically to ignore the subject, as unfit for public discussion.

Great merit is therefore due to those enlightened members of the legislature who have not flinched from opening out so unwelcome a theme. They have aroused the attention of the country, and have effectually directed the notice of the government to the havoc which this class of preventible diseases has been permitted, for so many generations, to make on the health of our soldiers and seamen. There is at least a ray of hope pointing to legislative interference and to some well-devised effort to remedy the most crying evil of our time, and to alleviate one of the greatest of human miseries.

A long period of peace and greater facilities of travelling have rendered almost all educated Englishmen more or less familiar with the institutions of our continental neighbours. They could not fail to be struck with the admirable sanitary regulations that were in force in many of the great cities of Europe, and with the paternal care which the various governments bestowed upon even the most vicious and unworthy of their subjects. In some of our colonies and possessions, and chiefly in those where the people are of foreign

race, and the local executive is less fettered by constitutional usages, similar laws were introduced, and with great benefit to the physical health of the community.

The medical officers of our army and navy, whose lot it often is to sojourn in these settlements, had frequent opportunities of testing the efficiency of such enactments for controlling disease among the men under their charge. They could draw comparisons, not always to the advantage of their own country. For it is notorious that, notwithstanding our vast progress in material civilisation, the different forms of venereal disease are as rife, if not as destructive, and infest all classes of society to as great a degree as in any former period of our history.

In some instances the hygienic arrangements that experience had found effectual abroad could not bear transplanting. Our dense population and its habits of locomotion would render nugatory all attempts at a general surveillance. The difference in manners and notions of propriety is too decided, and, above all, the love of that personal freedom which all enjoy in England is too strong to be easily or soon subdued. The obstacles to the adoption and naturalisation of a "*thorough*" system of medical police would seem to be, for the present at least, insuperable. Yet some modification of these restrictions, adapted to our insular ideas, might be practicable; and any check, however slight, to the rank growth and propagation of so dire a poison must be desirable.

It is curious to note the differences that obtain in the sanitary administration of various localities and to mark their results. Information on such points may occasionally be instructive or suggestive. Viewed in this light, any contribution to our stock of knowledge, however humble, may be acceptable, provided it be based on practical experience, and does not seek to prove too much. I purpose, therefore, without further apology, to lay before you a short account of a formidable outbreak of venereal disease which came under my immediate observation, when staff surgeon of the fleet in China, a few years ago. This outbreak was formidable rather from the number than from any pathological peculiarity of the cases, and was more especially remarkable from the circumstance, that at the time and place these diseases were contracted, a sanitary police existed, well-organised, fairly paid, and honestly administered,—as effective, in short, as we could hope to find in any large seaport town. I shall confine my remarks to the vessel which was directly in

my charge, and of the medical details of which I had complete cognisance. I shall premise with a brief history of the ship in relation to this class of diseases throughout her commission, touching but lightly on such circumstances as are necessary to elucidate the narrative, but which bear only indirectly on the present subject.

The "Chesapeake," a steam-frigate of fifty guns, with a crew averaging 550 men, was commissioned at Chatham in the summer of 1857. The news of the great Indian mutiny had just reached England; and she was ordered to proceed immediately to Calcutta. In an extraordinary emergency like this there is never any lack of volunteers, and an excellent ship's company was soon gathered together—young able-bodied men, full of alacrity and spirit—the finest body of seamen I had seen for many years. In such a crew, collected at the various home ports, the surgeon expects to find a considerable proportion of venereal cases. All the men were carefully examined before being entered (300 by myself); but unless there was some untoward complication or the health of the individual was otherwise impaired, no objection was made to admitting or retaining persons affected with this disease. We should otherwise have deprived ourselves of the services of some of our most valuable and efficient seamen, men who had been trained to their duties for many years at great expense to the country. Sixty-four men presented themselves either before leaving England or soon after, suffering from various forms of venereal; but only two had to be left behind at hospital. Before the ship arrived at the Cape of Good Hope all had recovered satisfactorily; and on our arrival on our own—the Indian station—the crew was quite free from any traces of sexual disease.

At Calcutta and Madras, and in Ceylon, they had occasional opportunities of mixing with the native population. They escaped, however, tolerably well. The number of venereal cases in 1858 was only forty-one, and all returned in time to their duties. It was observed that a somewhat larger proportion of the syphilitic ulcers contracted in India were followed by secondary symptoms. In the English set of cases five only manifested subsequently cutaneous eruption, sorethroat, etc.; while in the Indian, eight cases showed these symptoms. With one exception, they were readily amenable to treatment, and recovered perfectly.

For the space of five months we were stationed in the Red Sea. As the Arab population was bitterly hostile—it was immediately after the massacre of Christians at Jeddah

—the men were allowed no leave, and communication with the shore was limited and guarded. The “Chesapeake” was now ordered to the other extremity of the Asiatic continent, to become the flag-ship in China. The crew had hitherto enjoyed a high state of health. During the eighteen months we had spent in the Indian and Arabian waters we had lost but four men from disease: three from cholera and one from fever; and of the cases invalided few were of serious or climatic character. This most satisfactory health-condition, seldom attained by vessels in the most favourable circumstances and on the healthiest stations, was mainly due to the admirable hygienic arrangements of the commanding officers.

When the “Chesapeake” arrived at Hong Kong, in May 1859, venereal disease was absolutely extinct on board. The men had not been on leave for nine months, except for a few hours at Aden, and there only two cases, one of gonorrhœa and one of chancre, had ensued. Now all hands were permitted to go on shore for forty-eight hours, and about 450 of them availed themselves of the privilege. They behaved very well. Extreme drunkenness was very rare, and they returned to the ship with praiseworthy punctuality. From that single visit, however, forty-six cases of sexual disease resulted, or at least were placed on the sick list, besides, no doubt, several others of slighter character, as gonorrhœa, abrasions, etc., who did not present themselves at all, or whom it was not necessary to withdraw from duty. Whether from the peculiarity of the Chinese climate, or of the morbid poison, or by reason of the debilitated condition of the men, unused to the excitement and debauchery of the shore, the cases were less tractable than hitherto. Many of them burdened the list for a long time, chiefly those which were attended with bubo. The abscess after evacuation sometimes assumed an unhealthy aspect, degenerating into phagedenic ulcer, and slow of reparation.

In the summer of 1859 we proceeded to the north of China, and entered on a campaign which, though short, proved very disastrous. At the repulse from the Peiho Forts one-third of our attacking force either fell in action or were disabled by wounds. Besides sustaining this heavy loss, the ship was devastated by a succession of epidemics, viz., fever, cholera, dysentery, small-pox, ophthalmia. For three months, and these the hottest in the year, she became an over-crowded hospital. In that time 840 cases were admitted to the list, and ten of them terminated fatally. The

marvellous immunity from serious disease we had previously enjoyed caused our present accumulation of suffering to be all the more keenly felt. In the face of far graver maladies the venereal cases shrank into comparative insignificance.

In October the "Chesapeake" returned to Hong Kong. After the arduous toils and almost unexampled calamities they had so well endured, the crew stood much in need of relaxation. Leave was therefore allowed soon after they got into harbour. Once a month the men were permitted to go on shore for forty-eight hours—a watch at a time, that is to say, about 200 men. The petty officers and other privileged persons had the option of going once a week for twenty-four hours. The bounty voted by Parliament had just been paid. They had therefore abundance of money, and were probably more than usually licentious. The result was that in the seven months this indulgence lasted, no fewer than 195 cases of venereal disease were contracted, of such a nature as to incapacitate the men from duty. It is probably within the mark to estimate the number infected as nearly one-half of those who incurred that risk. The character of the cases was as follows:—Venereal ulcers, 104 (in 29 cases accompanied or followed by bubo); gonorrhœa, 34; orchitis, 40; stricture, 7; secondary syphilis, 10. Several of those cases are reckoned twice, chiefly the orchitis and secondary affections. With this deduction, the number of cases will be 176, almost exactly a third of the ship's company. The most tedious cases were bubo, which when either indolent in maturation, or succeeded by slowly-healing ulcers, sometimes extended over two or three months. Taking the whole, the average duration of each case was about three weeks. Secondary symptoms were rare—three of the ten cases being twice entered. They mostly occurred in persons who had trifling abrasions, and had neglected to apply in time for rectrotic treatment. In two instances they were young lads who, through ignorance or shame, did not apply at all until constitutional symptoms had appeared.

The other vessels of the squadron, and more especially the gun-boats, suffered from these disorders in similar or even greater proportion. The general hospital ship, to which the more tedious and severe cases were sent during the refitting of the ships, became inconveniently crowded, and supplementary ship-hospitals had to be established. Although it was a sickly season, from dysentery and other endemic diseases, the ratio of venereal cases was no less than 25 per cent. on the whole number of admissions, and gave

as much as 30 per cent. on the total amount of time lost to the service by sickness. The evil had assumed very serious dimensions, and called loudly for remedy.

In the colony of Hong Kong there had been established for some years a sanitary system of police in relation to prostitution. The regulations appeared to be well adapted to the end in view. A register was kept of the public Chinese women to whom Europeans resorted. Their houses (in which a native man generally presided) were recognised and licensed, and were open to the supervision of competent officers. At stated periods—I believe once a fortnight—those women were compelled to present themselves before the colonial surgeon for examination. When found to be diseased, they were at once removed to the Lock Hospital, an exceedingly well conducted institution, and remained there until their cure was complete. A small charge was made for their maintenance while under treatment, which was defrayed by the keeper of the house to which they belonged. The police magistrates had ample powers to enforce the law; and the expenses of the supervision and inspection of brothels and of the medical establishment were paid out of the colonial treasury.

However well devised and stringent these provisions were, and however effectual they might have proved formerly, it is certain that at the time of our arrival the law had become practically inoperative. Contagious disease was rife among the demoralised female population to a degree almost unparalleled even in the worst seaport towns.

As soon as I had obtained sufficient knowledge of the ordinances of the local government on the subject, and of their working (for which I was indebted to the able and zealous colonial surgeon, Dr. Murray), I lost no time in bringing them to the notice of the Naval Commander-in-Chief, and in suggesting some corrective procedure. The admiral, Sir James Hope, took up the matter willingly, and manifested the greatest anxiety to have the evil mitigated as far as possible, not only from the humane motives by which he is ever actuated, but in the public interest. For, with every wish to grant the men all reasonable indulgence and recreation, the loss of the services, temporary as it was, of so large a proportion of their number in time of war, had become a formidable grievance. It was determined to press the matter upon the civil authorities in such a manner as to fix the responsibility somewhere, so that the wholesome regulations which were actually in force should have fuller

scope, and their power tested to abate this mass of loathsome disease.

The plan adopted was this :—When a man presented himself suffering from venereal, he was asked if he knew where and from whom he contracted the disease, and also whether he could identify the person. If he could do so, he was at once sent, accompanied by the master-at-arms (the head of the ship's police) to the magistrate on shore to lodge his complaint. The woman was summoned without delay, and handed over to the colonial surgeon for inspection. If found to be the subject of disease, she was consigned to the hospital; and if, on inquiry, it turned out that she had neglected to appear at the proper times for medical examination, or, as was most often the case, that she was not on the police register, the keeper of the house was punished by fine or imprisonment. The penalties inflicted were of such severity as to be amply deterrent. Some of our men prosecuted willingly; but others, it was known, held back, although they could have given equally positive evidence. As convictions were desired, from no vindictive motive, but solely for the sake of example, a very few sufficed. The result of this interference was on the whole satisfactory. A marked decrease in the number of cases followed. At first, after a period of leave, the number of applicants used to average about forty, but latterly it did not exceed eight or ten. And so long as evasion or infringement of the law was visited with peremptory correction, the amendment in the health of the place was likely to be permanent.

Dr. Murray co-operated most effectively in the matter. He had pressed it before on the attention of the Colonial Government, and by the regularity and strictness of his inspections he had done all in his power to lessen the nuisance. Through his exertions and the aid given by the police it was brought to light that a number of unregistered brothels had sprung up, and that even in the licensed houses females were harboured whose names were not on the police books, and who consequently managed to evade the periodical examination, as well as the surveillance of the officials who made the domiciliary visits. It was chiefly those contraband women who were proved to have been the source of contagion. Some of them were reported by Dr. Murray as "dreadfully diseased." The mainland of China is separated from the island of Hong Kong by a narrow channel from one to two miles wide, and at that time was not within the jurisdiction of the colony. There was every facility for

native women to pass to and fro. When there was a great influx of men on liberty, who were well supplied with cash, the brothel-keepers were tempted by cupidity to increase surreptitiously the number of their inmates. Their unwillingness to pay the small charge made for the women's maintenance in hospital may also have induced them to conceal from the police their temporary importations. It was not easy to check this constant ingress and egress of women in the colony. The same difficulty would apply *à fortiori* to any English port where the facilities of migration were great. It is very different in such places as Malta, where no evasion of this kind can be practised. Regulations, therefore, which may have succeeded admirably there would be inapplicable elsewhere.

We had no means of fully ascertaining whether the amendment in the sanitary condition of Hong Kong was permanent, for when the ship returned thither after the successful campaign of 1860-61, she was located in a remote part of the island. Leave was not general, but the partial experience derived was favourable rather than otherwise, the admissions to the list being comparatively few. At some other ports we visited on our return voyage, viz., Singapore, Mauritius, Cape of Good Hope, and St. Helena, cases of syphilis, etc. were acquired. In the last year of the ships' commission there were seventy-one admissions for the various forms of venereal disease. During the whole period of four years and three months 419 cases occurred, a number that may give some idea of its extreme prevalence in the navy, and of the loss that accrues to the country from the deprivation of so much efficient service. In a little history like this, relating only to one vessel, the fact may perhaps be more clearly exhibited than in more elaborate statistics. But although the loss of service is a matter of national concern, it is some consolation to find that in the vast majority of instances it is only temporary. From the ship in question only six cases were invalidated, during the commission, for syphilis, and in most of these co-existing disease, fever, dysentery, etc., were present, and retarded recovery. One death was recorded—a marine, who was suffering from bubo, but in reality succumbed to repeated attacks of ague and dysentery, and died in hospital of those diseases, although he had been sent thither for the venereal affection.

On the whole, the amount of deaths and invalidings from this cause would seem to be by no means very great in proportion to the enormous number of cases. Take, for ex-

ample, the China and East India station, in which, as we have seen, the disease assumed an extraordinary preponderance. In 1859 we find from the very valuable tables drawn up by Dr. Bryson, that there were 1273 cases, that their average duration was thirty-one days; the ratio of admissions to 1000 men was 193; the number of sick daily was sixteen in 1000. Yet there was no death from this cause, and only thirty-three invalidings, being in the proportion of five in 1000 men. In 1860 the number of cases had decreased; the proportion of admissions being 123 per 1000 men, and the daily number sick being ten per 1000. The number invalided, however, was augmented to nearly seven in 1000, and one death was recorded, which, however, as explained above, was only partially due to sexual disease. The number invalided from the station for all diseases was no less than eighty-four per 1000 in 1859, and seventy-two per 1000 in 1860.

From the last general statement published of the whole naval force (1860) it appears that, while the number of cases of venereal diseases bore the ratio of 113 per 1000 men, those invalided were in the proportion of only 2·3 per 1000.* This result is to be expected, for it is unquestionable that, if men in the public services are more liable to those diseases, they are also far more favourably circumstanced for their early discovery, treatment, and cure, than civilians in the same station of life, or indeed in any station.

The aggravated forms of constitutional syphilis, so often met with in civil hospitals, are hardly ever seen; and those cases of secondary disease which do occur are, as a rule, quite remediable. Yet there is no doubt that much indirect loss is occasioned by the maladies in question predisposing the subjects of them to ulterior cachexies, and more particularly tuberculosis. Recent interesting researches in the army, by Dr. Aitken and by Dr. David Milroy, would seem to indicate the existence of a specific anatomical lesion of the lung as a sequel of syphilis; and the impression is gaining ground that the pernicious influence of this animal poison extends much further than has been hitherto supposed. Be this as it may, the positive direct loss to the country is sufficiently startling. Betwixt 500 and 600 of the flower of the naval service are perennially disabled

* More recently the Statistical Report of the Navy for 1861, by Dr. A. E. Mackay has appeared. In that year the ratio of cases was 130 per 1000 men, and the proportion of invalided was 2·6 per 1000. No death is recorded as having occurred in the period.

through this cause. Their pay and the expenses attendant on their treatment, etc. may be estimated at the most moderate computation as £30,000 a year. Surely this is a heavy fine for the neglect of sanitary regulations. But besides pecuniary loss and physical injury, the demoralisation and the general deterioration of a disciplined force, which invariably ensue on a heavy sick list, must also be taken into account as an enormous evil. This can be duly appreciated only by those who are conversant with naval or military details, but it is no unimportant branch of the subject.

The liberal and enlightened policy of recent times having conceded to our seamen a larger amount of leave than they enjoyed before, it would seem expedient, if not incumbent, that the State should afford some protection to its servants against the effects even of their own vice and folly, when these involve so much physical suffering and public detriment. The naval ports are, it is well known, the chief foci of disease; and it would be well worth while trying the experiment, in the smaller towns first, of preventive measures affecting the other sex. Difficulties would no doubt be encountered, but, as it appears to me, far less insurmountable than in other towns. For the public women of a low order, with whom soldiers and sailors mostly consort, are a class *per se*. They are well known to the police. The drunken and dishonest propensities that are attributed to them, their turbulence and coarseness, render them the fitter subjects for restrictive control. If we were not viewing this matter in simply a physical light, it might be said that to impose on them a salutary discipline would possibly be the most efficacious means of reclaiming those unhappy persons from the depth of degradation into which they have fallen.

An efficient local sanitary police would include two departments:—1st. An *executive* for the registration of all the known and professed public women of the place, for visitation of their dwellings and general surveillance; and 2nd. A *medical* department for the periodical inspection of the registered, and for their treatment, when convicted of disease, in an hospital, where their entrance and detention should be legally compulsory. A modified passport-system to prevent evasion, and occasional appeals to the civil power to test the efficiency and honesty of the police supervision, would also seem to be essential. Otherwise the most elaborate arrangements might break down. The same failure would occur, as we experienced at first at Hong Kong, and a system which *prima facie* seemed perfect, would prove utterly futile

and nugatory for the purpose intended. It is not easy to introduce into this country any innovation which trenches upon our "*præsidium et dulce decus*"—the personal liberty of the subject. But we have had recent instances of the beneficial effect of enactments for the abatement of nuisances, compulsory vaccination, and other matters relating to public health. In this particular case some remedy is so urgently called for that even exceptional legislation would be warranted.

Naval ports and garrisons offer the best field for experiment, as the most accurate and certain proof of its success would be found in the diminished sick lists, and precise results could thereby be arrived at, which elsewhere would be unattainable. Public women are probably less numerous and less migratory in these places. Their character for immodesty is notorious, and their other vices are such as to render any scruples as to the indelicacy of interference superfluous. Where, as is said to be frequently the case, several women lived under one roof, and were controlled to some extent by the occupier of the house, the task of supervision would be greatly facilitated by fixing on the latter some portion of the responsibility of registration, inspection, and consignment to hospital. I will not take up the time of the Society by entering into details that may be found at great length in the works of Parent du Chatelet, Acton, and other authorities on the subject, as practised abroad. I would simply submit for your consideration the feasibility and chance of success with which a scheme of restriction might be applied to such places as Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, and the camps—in all of which vice and disease are now flourishing in the rankest luxuriance. With the smaller towns (Sheerness, for example) I apprehend there would be little difficulty. Their shore population is almost exclusively connected with the service, and is not given to locomotion. The larger towns (such as Plymouth) would be less easy to manage, on account of the much larger admixture of the civil element in the community, and of the great number of women of dissolute morals, who have other means of subsistence, and do not come under the category of professional prostitutes. Yet even there much, in the way of mitigation, might be done. In addition to existing medical institutions, dispensaries, where applicants of both sexes could obtain advice and medicines at a moderate charge, privately, and at later hours than at the charities, would be desirable. They would

confer essential benefit on those labouring under disease, who would be saved from the wiles of the pernicious quacks who now trade so largely on their fears and follies.

The truth is that the male civil population are greater sufferers, and are more deeply interested in preventive measures than even naval and military men. On them—naval men at least—the disease falls extensively; but, as we have seen, comparatively lightly. It is far otherwise in civil life where, through ignorance, the shame of avowal, and the difficulty of treatment, it is very often permitted by the unhappy victim to pursue its course unchecked. The havoc and misery it sends through our youth of all ranks cannot possibly be exaggerated. The transmission of the taint to offspring is another incalculable evil, affecting all classes of society, although this, for obvious reasons, is not prominently an incident of naval life. It is, however, on our soldiers and sailors that the good accruing from State-intervention would be best exemplified. Were it attended with eminent success, we might venture to hope that in time its extension to the community at large would be amply justified. In an age of rapid material progress like this, a question that comes home to so many cannot be much longer postponed. Limited experiments fairly conducted at some one or more of the places indicated would be well worth the trial, were it only to demonstrate unmistakably how far this class of diseases is capable of control, and to familiarise the public mind to the more general adoption of preventive measures.

Much opposition will, of course, have to be encountered. Of those objections which are based on moral and social considerations, and which are now apparently strongest, there is good ground for believing that, with a daily increasing enlightenment on sanitary and social science, they will in no long time be smoothed away. The legal and financial difficulties will, I take it, prove in the long run the hardest to overcome. To prescribe rules of conduct for a troublesome section of the community, depriving them of their freedom, even when for their own advantage and that of the public, and to reconcile such rules to the mild spirit of our laws, by divesting them of a vexatious or oppressive character, will be no easy task for the legislator. The necessary expense of an adequate executive and medical establishment will also prove a formidable obstacle. These women are for the most part intemperate, improvident, and consequently poor. They occupy, to the credit probably of our social system, a far more degraded position than in most

other countries. Eleemosynary aid would be required. Fees for registration, inspection, and certificates of health, the State might perhaps condescend to accept, although probably insufficient for the expenses. But the maintenance of the women during their confinement in hospital would be attended with a considerable outlay, which could not be defrayed by the recipients of relief without help from the public purse.

These impediments, however, may assume a less serious aspect when confronted boldly. At no time has there seemed less unwillingness on the part of public writers and speakers to entertain the subject than now. Some steps have been taken by the Admiralty, and I believe by the military authorities also, in the right direction, but in a small way only.* The question is doubtless one of vast national importance, and I cannot help thinking that, if it be not considered beyond the scope of the Society, some expression of opinion on it would be very desirable. Many of the members have had much experience, acquired in various parts of the world, which would bear with advantage on the elucidation of some of the topics referred to. It is chiefly with a view to elicit the remarks and suggestions the subject would call forth, that I introduce this very imperfect and hastily-written paper. And now, in conclusion, I beg leave to thank you very respectfully for the honour you have done me in receiving it.

* Since this was written the "Contagious Diseases Act" has become law. Its effect will no doubt be beneficial, and will greatly mitigate a long-existing evil. It is to be regretted that its provisions do not extend further. A system of registration, compulsory periodical inspection, and general control as to change of residence, etc. would render the operation of the act more complete, and would pave the way for a more comprehensive measure.

